

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>AL</i>	13	4/21/95
FORMALITY REVIEW	<i>DM</i>	72223	9-24-94

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	1-7/2/00
2	9/30/00
3	6/1/01
4	8/4/03
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Claim	Date
Final	Original
51	6/1/01
52	8/4/03
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
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